

## Using this Health Care Options Matrix

Each state has a variety of health care coverage options. This Matrix is designed to help residents determine which option is best for them.

**STEP 1** For applicants potentially eligible for public programs, check the chart below to determine his/her FPL percentage.

**STEP 2** See the reverse side of this Matrix brochure to determine 2-3 for options for which the applicant might qualify.

**STEP 3** Create a list of websites and phone numbers for the applicant and encourage him/her to get more information.

### Your Federal Poverty Level (FPL) (based on monthly family income)

Family Size (Household)	100% FPL	133% FPL	200% FPL	250% FPL	300% FPL
1	\$817	\$1,086	\$1,633	\$2,042	\$2,450
2	1,100	1,463	2,200	2,750	3,300
3	1,383	1,839	2,767	3,458	4,150
4	1,667	2,217	3,333	4,167	5,000
5	1,950	2,593	3,900	4,875	5,850
6	2,233	2,970	4,468	5,583	6,700
7	2,516	3,347	5,033	6,292	7,550
8	2,800	3,724	5,600	7,000	8,400

- A pregnant woman counts as two for the purpose of this chart.
- Add \$283/month for each additional family member after eight.
- Contact individual programs for deduction allowances on child/dependent care; working parent's work expenses; alimony/child support *received* or court ordered amount *paid*.

Occupational Employment and Wage Data and Department of Health and Human Services, 2006

Note: There is no universal administrative definition of income that is valid for all programs that use the poverty guidelines. The office or organization that administers a particular program or activity is responsible for making decisions about the definition of income used by that program (to the extent that the definition is not already contained in legislation or regulation). To find out the specific definition of income used by a particular program or activity, you must consult the office or organization that administers that program.

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## Other sources of information

### Financial aid and free or low-cost benefits

**Government Benefits Finder**  
800-FED-INFO  
[www.benefits.gov](http://www.benefits.gov)

(Search tool for grants, loans and other benefits)

**Catalog of Federal Domestic Assistance**  
[www.cfda.gov](http://www.cfda.gov)

(Search tool for grants, loans and other benefits)

### Finding local health care options

**Bureau of Primary Health Care**  
888-ASK-HRSA  
[www.ask.hrsa.gov/pc](http://www.ask.hrsa.gov/pc)

(Search tool by zip code)

**Department of Health and Human Services**  
[www.hhs.gov](http://www.hhs.gov)

(Various health care search tools)

**Self Help Clearing House**  
[www.mentalhelp.net/selfhelp](http://www.mentalhelp.net/selfhelp)

(Search tool for people sharing information on hundreds of diseases, health conditions and other health care related situations)

**New Jersey Department of Human Services**  
609-292-3717  
[www.state.nj.us/nj/health](http://www.state.nj.us/nj/health)

(State program information)

### Laws and regulations

**New Jersey Department of Banking and Insurance**  
800-446-SHOP  
[www.state.nj.us/dobi](http://www.state.nj.us/dobi)

(General information on all types of insurance)

**Employee Benefits Security Administration**  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)

(Official information and rules from the U.S. Department of Labor)

### Help with this Matrix or finding a broker or agent

**New Jersey Association of Health Underwriters**  
[www.njahu.org](http://www.njahu.org)

(State organization of insurance brokers)

## NEW JERSEY

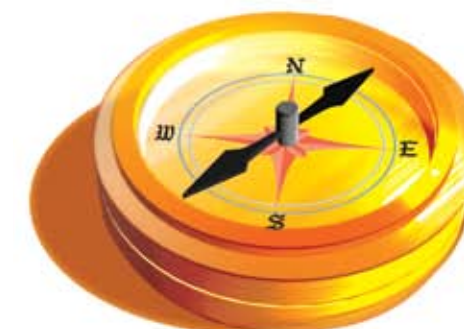
# Health Care Options Matrix™



This Matrix offers information about free and low-cost health care coverage for individuals, families, and small businesses.



Helping people navigate their health care options



The Foundation for Health Coverage Education has created the Matrix public education program to ensure that every American has complete information about access and affordability to quality health care coverage. Every effort has been made to include the most up-to-date information available at the time of printing. Program and plan availability, eligibility requirements, costs, and coverages are subject to change. You are encouraged to call or visit the websites listed for each program to ensure that you have the most accurate information available.

Revised June 2006

Demographic	PRIVATE HEALTH INSURANCE			PUBLICLY SPONSORED PROGRAMS						
	Employees and small businesses	Individuals recently covered by an employer health plan	Individuals & families	People with pre-existing, severe or chronic medical conditions	Low income individuals and families	Moderate income families	Women	Trade Dislocated Workers (TAA recipients)	Seniors	Veterans
Plan	<b>Group Health</b> New Jersey Association of Health Underwriters  www.njahu.org	<b>COBRA &amp; MiniCOBRA</b> and then <b>HIPAA</b> Health Insurance Portability and Accountability Act 866-4-USA-DOL www.dol.gov	<b>Private Plans</b> New Jersey Association of Health Underwriters  www.njahu.org	<b>Individual Health Coverage Program (IHC)</b>  800-838-0935  www.state.nj.us/dobi/ihcpage.htm	<b>Medicaid</b>  800-356-1561 609-588-2600  www.state.nj.us/humanservices/dmahs	<b>NJ FamilyCare Program</b>  800-701-0710  www.njfamilycare.org	<b>Cancer Education and Early Detection (CEED)</b>  609-292-8540  www.state.nj.us/health/fhs/canceredu/breast.htm	<b>Health Coverage Tax Credit</b>  866-628-HCTC  www.irs.gov Keyword: HCTC	<b>Medicare</b> (age 65 and up) 800-952-5253 1-800-MEDICARE www.medicare.gov  <b>Medicare Prescription Drug Program</b> 800-633-4227  <b>Senior Gold Program</b> 800-792-9745 www.nj.gov/health/seniorbenefits/paadapp.htm	<b>VA Medical Benefits Package</b>  877-222-8387  www.va.gov
Coverage	Carriers can impose a 6-month look-back/6-month exclusionary period for pre-existing conditions on enrollees that do not have prior creditable coverage (this may only apply to certain groups)  <i>Pre-Existing Health Conditions Covered</i>	COBRA coverage is available for up to 12-18 months depending on qualifying events COBRA benefits are the same as what you had in your group coverage  After COBRA expires, (or if leaving group plan) HIPAA benefits are based on the program selected, no expiration (see IHC)  <i>Pre-Existing Health Conditions Covered</i>	Assorted plans depending on medical needs  All carriers must guarantee issue coverage to all individuals  There is a 6-month look-back and a 12-month exclusionary period limit for pre-existing conditions  <i>Pre-Existing Health Conditions Covered with Some Limitations</i>	All plans cover the following office visits, hospital care, prenatal and maternity care, immunizations, well-child care, screenings (including mammographies, pap smears and prostate examinations), X-ray and laboratory services, certain mental health and substance abuse services, prescription drugs  <i>Pre-Existing Health Conditions Covered</i>	Inpatient and outpatient hospital treatment, laboratory tests and X-rays, early and periodic screening, diagnostic and treatment services, home health care, physician services, nurse-midwife services, assistance with family planning and any necessary supplies, nursing facilities for people over 21  ...plus other services depending on plan  <i>Pre-Existing Health Conditions Covered</i>	Physician services, preventive health care, emergency medical care, inpatient hospital services, outpatient hospital services, laboratory services, prescription drugs, eyeglasses, dental services in most cases, emergency transportation, mental health services and more  <i>Pre-Existing Health Conditions Covered</i>	Screening mammograms, clinical breast examinations, instructions on breast self-examinations, Pap tests, and pelvic examinations.  Diagnostic tests such as needle biopsies, breast ultrasounds and colonoscopies.  Case management, tracking and follow-up are provided to all women and major emphasis is placed on rescreening women who are currently being served by the program	Will cover COBRA if employer contributes less than 50% (or spouses' employer)  Will cover individual insurance in which you were enrolled for last 30 days before TAA benefits  <i>Pre-Existing Health Conditions Covered</i>	Comprehensive preventive and primary care, outpatient and inpatient services, prescriptions  Senior Gold is a state funded prescription discount program  <i>Pre-Existing Health Conditions Covered</i>	Comprehensive preventive and primary care, outpatient and inpatient services  <i>Pre-Existing Health Conditions Covered</i>
Eligibility	<b>GUARANTEED ISSUE</b>  Company size 2-50 employees (including owner)  Two employees must work for at least 6 months out of the year, and work 25 hours per week for coverage  Most carriers require the most recent copy of NJ's quarterly wage and tax filing form	<b>GUARANTEED ISSUE</b>  All coverage terminated within the last 60 days (COBRA), or 63 days (HIPAA) for reasons other than gross misconduct or fraud  COBRA (20+ employees) MiniCOBRA (under 20)  For HIPAA, recently covered by a group program or a COBRA plan for 18 continuous months (COBRA option must have been selected if available and exhausted)  For HIPAA you cannot be eligible for Medicare or other public or group insurance programs	New Jersey resident  Medical underwriting is not allowed  Also see next column	<b>GUARANTEED ISSUE</b>  Resident of New Jersey at least 6 months  Not eligible for coverage under a group health plan, governmental plan or church plan  Not eligible for coverage under Medicare	<b>GUARANTEED ISSUE</b>  Infants (ages 0-1): 200% FPL (mother is enrolled in Medicaid at the time of birth. If not, infants with family incomes of 185% FPL)  Children (ages 1-19): 133% FPL  Pregnant Women: 185% FPL (Expanded coverage for women with incomes between 186 and 200% may also be available)  Qualified Parents: 100% FPL  Medically Needy Individual: 51% FPL Medically Needy Couple: 45% FPL  SSI Recipients: 74% FPL Aged, Blind and Disabled: 100% FPL	<b>GUARANTEED ISSUE</b>  Uninsured children age 18 or younger with family incomes of up to 350% FPL  Qualified parents at or below 100% FPL	<b>GUARANTEED ISSUE</b>  Uninsured or under-insured	<b>GUARANTEED ISSUE</b>  Must be receiving TAA (Trade Adjustment Assistance)  Must not have access to employer plan that pays 50% of coverage cost.  Not enrolled in certain state plans  Also contact Aetna of New Jersey	<b>GUARANTEED ISSUE</b>  65 or older  For Senior Gold: at least 65 years old, OR at least 18 years old and receiving Social Security Disability Title II benefits, income restrictions	<b>GUARANTEED ISSUE</b>  "Veteran status" = active duty in the U.S. military, naval, or air service and a discharge or release from active military service under other than dishonorable conditions  Certain veterans must have completed 24 continuous months of service
Monthly Cost	Costs depend on employer contribution	Costs depend on previous employer contribution plus a 2% administrative fee; HIPAA could be higher  Individual coverage is also available and may be less expensive, see next column	Costs for individual coverage varies	Costs vary based on selected carrier and plan (premiums, deductibles and co-pays)	\$0 or small share of cost	\$0-113.50 premiums and \$0-35 co-pays depending on income	\$0 or minimal share of cost	65% of the insurance premium	\$0 or share of cost	\$0 and share of cost and co-pays depending on income level

**Other programs & resources**

**Special Child Health and Early Intervention Services**  
609-777-7778

**Medicaid Dental**  
800-356-1561

**Family Planning**  
609-292-8104

**NOTE:** Government programs look at each family's circumstance to determine eligibility.

Income and assets tests may be required to determine eligibility for publicly sponsored programs.

Programs and plan availability, eligibility requirements, costs, and coverages are subject to change.

"Guaranteed Issue" means you cannot be turned down due to your health conditions.

"FPL" means Federal Poverty Level. See explanation on reverse side of this Matrix.

